

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024030
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1812

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis (If institution: Residence before)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood 40030	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt# 12 Box 35		d. STREET ADDRESS Rt. 12 Box 35 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Marie Middle Sudmeyer Last		4. DATE OF DEATH Month 7 Day 5 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-10-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and state or country) Germany	
13a. FATHER'S NAME UNK Witte		14. NAME OF HUSBAND OR WIFE Charles Sudmeyer Dec.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT William Sudmeyer 1236 Moorland Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, advanced, generalized DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Jan 1958 to July 1958 and last saw her alive on July 3, 1958 Death occurred at 2:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Victor B. Kuebler Jr. (Degree or title) M.D.	
22b. ADDRESS 100 N. Euclid, St. Louis 8, Mo		22c. DATE SIGNED 7/7/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-9-58	
23c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.	
24. FUNERAL DIRECTOR J. W. Clark F. H. 1125 Hodiamont		25. DATE RECD. BY LOCAL REG. 7-8-58	
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER —

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elton R. Amel*

Licensed Embalmer No. *4283*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.